

CITY OF HOPEWELL SPECIAL EVENT APPLICATION REQUEST FORM

Today's Date:	: TYPE OF E	EVENT REQUESTED_		
	Individual/	Company/Agency/O	rganization	
Name:			501 (c) (3): Yes No
Website Address:				
		Contact Information	ı	
Name:	WK PH:		FAX:	
Cell:	Email:			
Mailing Address:		City:		
State :	2-10	Zip Code:		
		EVENT DETAILS		
Date of Event:	Start Time:	End Time:	Expected	Attendance:
Description of Event:			pen to the Publ	ic? Yes:: No
Admission Fee? Yes	No:	Set-Up Date:	Set -l	Jp Time
Location of the Event:		Insurance Attach	ned Yes:	No:
Food Convice Gono	rator	Lane Closure	Media	Tent (s)

CITY OF HOPEWELL SPECIAL EVENT APPLICATION EVENT REQUEST FORM

Check All That Apply:

Alcohol F	Permit (A	tach Cop	y): Yes	No: Amplified S	ound: YesNo
Barricade	es	Dump	sters F	ood Sales	
Attach D	etail Secu	ırity Plan:		Street Closure (Attack	n Diagram)
				Police Requested:	
Yes:	No:	Rest	rooms	No Parking Signs	Permits: Yes No
Applied F	or	or Recei	ved (Attach a d	сору)	
Print Naı	me			Signature	Date
Police:				TTEE APPROVAL/SIGNAT	TURE
Bureau c	of Fire:			Code/Building Of	ficial
Public W	orks:			Recreation:	
Commiss	sioner of	the Reven	iue:	Safety/Risk Mana	ager:
City Mar	nager's Re	ep:			
			FINAL APPRO	VAL /DISSAPPROVING A	UTHORITY
City Mar	nager or [Designativ	e Representat	tive	Date:

Note 1: Some Special Event Applications may require a legal review prior to approval/disapproval which may delay processing time. Any applicant may come and participate in the review process. It is not mandatory. The Special Events Application Review Committee meets every Tuesday at 11:00 A.M. Inside the Intergovernmental & Public Affairs Office, Second Floor, Room 220, Municipal Building (City Hall) located at 300 North Main Street, Hopewell, Virginia 23860. After completion, fax application to (804) 541-2248. PH: (804) 541-2270. Email:hbragg@hopewellva.gov.

Note 2: All Special Event Application Requests require an Insurance Certificate naming the City as a Co-Insurer unless a waiver is requested and granted by the City Manager or his designative representative.

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Note 3: To request Police Officers at an event, please fill out the attached Police Request Form and forward it to the Hopewell Bureau of Police. If approved, there is a cost associated with this request. There is no cost for Police Volunteers provided they are requested and are available.

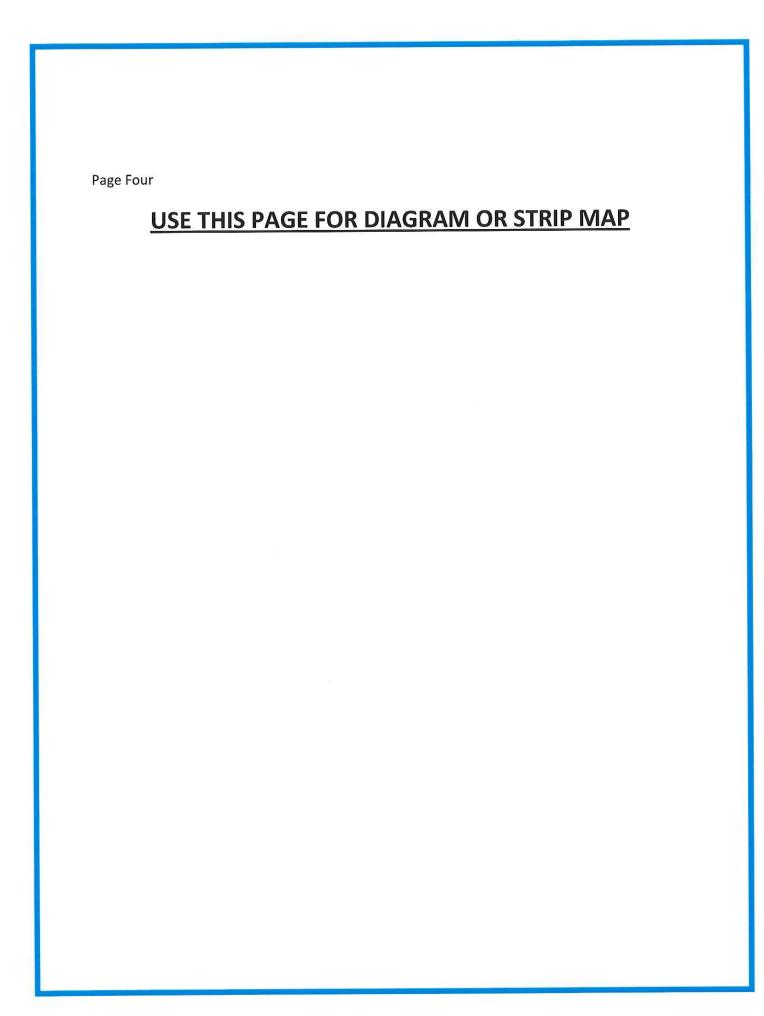
Note 4: To request Barricades and Road Signs, please coordinate placement with the Department of Public Works. Regarding alcohol permits, you must contact the Commissioner of the Revenue's office.

Note 5: To request blocking off City Street(s) requires a signed signature page of those impacted by the streets closure as well as those who oppose the event. This signature page is required to accompany the application.

I have read and reviewed the entire application and understand the requirements to include all rules listed.

Print Name	Signature	Date:	
(APPLICANT)			
Questions			
Questions			
	FINAL APPROVAL / DISAPPRO	VAL AUTHORITY	

City Manager or designated Representative______ Date:__

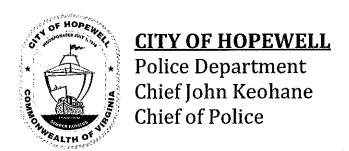


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SECURITY PLAN

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CROWD CONTROL PLAN



REQUEST FOR VOLUNTEER ASSISTANCE

Today's Date: Point of Contact:		Requested by: Phone Number:		
Date Needed: From:	To:			
Escort Driving	☐ Escort Walking □	Traffic Control without Vehicles 🗆		
Traffic Control with Vehicles	☐ Intersection Control □	Crowd Assist		
Other (describe):				
The Mark Mark Control of the Control	3. 等处,但是有一种有效的。如果的特别是是是自己的人,可以不必须是的发展的企业的	n digitar (1) kan kan kan da kan jing mali (1) ka ka ka ka kan di kana ka ka ka ka ka ka di di kan di ka ka mi Kan digitar (1) kan kan kan da kan jing mali kan kan kan di kan kan di kan di kan di kan di kan di kan di kan		
Submitted to:	Date Received:			

ALL REQUESTS SHOULD BE GIVEN TO OFFICER JOHNSON FOR SCHEDULING

We, the Hopewell Police Volunteers, will make EVERY effort to accommodate every request that is submitted. Please give us as much time as possible and please provide us with a point of contact to call in case we have questions or we are unable to fulfill your request. Thank you, and we look forward to helping you with your request.

PLEASE FILL OUT ALL SECTIONS OF THIS FORM AND EMAIL TO <u>KJOHNSON@HOPEWELLVA.GOV</u> OR BRING A COPY TO OFFICER KEVIN JOHNSON.



The City of Hopewell, Virginia

Hopewell Police Department

300 N. Main Street & Hopewell Virginia 23860 & (804) 541-2282

I,	·				
	•	(Name, Add	ress & Telephone)	•	• •
representing	·				, hereby request
1 cpr to on mg		(Compa	my or Organization)		
*.	•				•
to employ		police offic	ers(s) for	·	
			· ·		
					•
on the	day of		19	from _	to (Beginning Time)
	-				(Pegining 1 me)
		. I will be i	responsible for th	e time and :	a half hourly rate for each
(Ending	Time)	. 1,111,00	, coponoso, os es		
•				•	
person assigned	plus benefits. I und	erstand that l	l will be billed by	the Finance	e Dept., City of Hopewell.
 .					
Date:	•		· .	Rem	escniativa)
***	****	***	****		******
	· · ·		-	•	
deserved Day	•				
Approved By:		•	• <u>-</u>	Comm	anding Officer)
FOR OFFICE US			77 677	 -	70
Date .	Office	<u>r. </u>	No. of Hou	rs	Division Commander
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		•			
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		 -	-		•

Ratio of Officer to Crowd Size:

Persons in Attendance	With Alcohol	Without Alcohol
0-100	2	0
100-500	3	1
500-1000	6	3
1000-2500	8	5
2500-5000	14	12 .
5000-7500	17	14
7500-10K	22	22

Policy 1-11 Section D paragraph 12 & 13

The Officer / Supervisor in charge my request more based upon the event.

- Whenever six or more officers are needed at a job site, at least one must be a supervisor. An additional supervisor is required for every six additional officers working at the job site. The department may require additional supervisors based on the event.
- 13 If 15 or more officers are required, three supervisors must be present, one being a lieutenant or above.

HOPEWELL FIRE & RESCUE

200 South Hopewell Street Hopewell, Va. 23860

Special Event Application

1,				······································	
Representing			· / request		
To employ	fir	e fighters for			
On the	day of	20 from _		to	
below. unde 11321060 50 1	erstand this bill 1 200 . The rece on 1 at least 10 o	. I will be respons has to be paid price ipt and a copy of to the e	or to the event his application	to account# shall be brought	to
FF rate per ho	our \$29.00				
Engine per ho	ur \$91.00 or \$7	00 for up to 10 ho	urs (Minimum	2 FF/Medics)	
Medic per hoเ	ur \$41.50 or \$40	00 for up to 10 hou	urs (Minimum 2	2 FF/Medics)	
Approved by:					